## **Temporary Event Blanket Permit Application**



Application and deposit must be submitted at I Completed vendor applications must be receiv <b>Event</b>		before.	fice Use Only:
			#:
Event Name		AR #:	
Event Date(s)		Invoice	e #:
Hours of Operation		<del></del>	ent Date:
Event Address		Distric	t Code:
City State	Zip		
Number of Anticipated Vendor Booths			
☐ Attach list of all anticipated vendors (re	quired)		
☐ Required Non-refundable \$215 Deposit			
Coordinator Event Coordinator Name			
Party Responsible for Billing			
Billing Address			
City			
Phone	Email		
A map of vendor booths AND completed vendo to the event. Provide a packet with all complet individual applications.			
A fee of \$215 per hour will be assessed for all time conduct inspections, consultations, travel and admir after the event. The blanket permit coordinator agree	nistrative services. Th	e blanket permit co	ordinator will be billed
Event Coordinator Signature	Event Coordinato	r Name	Date
Please submit your application and deposit to:			

14350 S.E. Eastgate Way, Bellevue, WA 98007 (206) 477-8050

401 - 5<sup>th</sup> Avenue, Suite 1100, Seattle, WA 98104 (206) 263-9566